

APPLICATION FOR U.S. DEPARTMENT OF COMMERCE INTERNATIONAL TRADE INTERNSHIP

School term for which internship is being sought:

____ Winter (Jan-Apr) ____ Spring (May-Aug) ____ Fall (Sept-Dec)

Student Name: _____

Present Address: _____

Tel. No. ____/____

Fax No. ____/____

Home Address (if different): _____

Home Tel. No. (if different) ____/____

Birthplace: _____

U.S. Citizen ____ Yes ____ No

Social Security Number: ____ - ____ - ____

University/College: _____

Course Major: _____

Course Minor: _____

Type of Degree: _____

Years/Semesters/Credits completes: _____ Grade Average: _____

Credits Received Upon Completion of Internship: _____

University Official (Teacher, faculty advisor, school administrator, etc.) responsible for approving/coordinating internships: _____

Title: _____

Address: _____

Tel. No. ____/____

Fax No. ____/____

Number of hours per week and days you would be available: _____

Date internship would end: _____

[illegible]

Allan Christian
U.S. Export Assistance Center
One World Trade Center
121 S.W. Salmon St. #242
Portland, OR, 97204

Security Worksheet For Non-Employees

- 1) Full Name of Non-Employee: _____
- 2) Other Names and Dates Used: _____
- 3) Position: _____
- 4) Project Title: _____
- 5) Place of Birth: _____
(Be sure to include city, county, state and country, if other than the U.S.)
- 6) Date of Birth: _____
- 7) Social Security Number: _____
- 8) Sex : Male _____ Female _____
- 9) Has guest worked for the DOC in the past? Y _____ N _____
Location: _____ Date: _____
- 10) Period of Visit: Beginning Date: _____ Ending Date: _____

Arrest Record:

- 11) During the last 10 years have you ever forfeited collateral, been convicted, been imprisoned, been on probation, or parole? Y _____ N _____ (you may omit any traffic violation under \$100.00)
- 12) Are you now under charges for any violation? Y _____ N _____
- 13) Have you ever been convicted by a military court-martial or received Non judicial punishment under Uniformed Code of Military Justice? Y _____ N _____
- 14) In the last five years have you ever possessed, used or manufactured illegal drugs? Y _____ N _____

Health Care:

- 15) Have you ever seen a health care professional for the treatment of alcohol, drug, mental or emotional disorders? Y _____ N _____

If you answered yes to any of items 11-15, please explain your answer on a separate sheet of paper.

This Section is to be completed by the requesting official:

- 1) Name: _____
- 2) Mailing Address: _____
- 3) Position or Title: _____
- 4) Will access to departmental facilities be restricted to normal office hours or under escort? Y____ N____
- 5) Furnish accounting data if visit is for more than 60 days.
Accounting Data: _____
- 6) If the visit is for less than 60 days, this form may be sent to security for Regional Security Officer review.
- 7) Failure to forward this form, assumes Facility Manager permitting visit accepts full responsibility and risk for the actions of the non-employee.

Date of Request

Signature of Requesting Official

Date

Date Received

Date Processed

Approved: Y__N__

Charyl L Wiesar
Regional Security Officer

Date: _____

NOTIFICATION OF PERSONNEL ACTION

ATTACHMENT 3

FOR NMFS USE ONLY

1. Name (Last, First, Middle)

X

2. Social Security Number

X

3. Date of Birth

X

4. Effective Date

X

FIRST ACTION

5-A. Code

6-B. Nature of Action

VOLUNTEER SERVICE—WITHOUT COMPENSATION

5-C. Code

5-D. Legal Authority

16 U.S.C. 742F

5-E. Code

5-F. Legal Authority

SECOND ACTION

6-A. Code

6-B. Nature of Action

6-C. Code

6-D. Legal Authority

6-E. Code

6-F. Legal Authority

7. FROM: Position Title and Number

15. TO: Position Title and Number

VOLUNTEER

8. Pay Plan

9. Occ. Code

10. Grade/Level

11. Step/Rate

12. Total Salary

13. Pay Basis

16. Pay Plan

17. Occ. Code

18. Grade/Level

19. Step/Rate

20. Total Salary/Award

21. Pay B.

10A. Basic Pay

10B. Locality Adj.

10C. Adj. Basic Pay

10D. Other Pay

20A. Basic Pay

20B. Locality Adj.

20C. Adj. Basic Pay

20D. Other Pay

14. Name and Location of Position's Organization

22. Name and Location of Position's Organization

X

EMPLOYEE DATA

23. Veterans Preference

1 - None

3 - 10-Point/Disability

5 - 10-Point/Other

8 - 10-Point/Compensable/30%

24. Tenure

0 - None

1 - Permanent

2 - Conditional

3 - Indefinite

25. Agency Use

26. Veterans Preference for

YES

NO

27. FEGLI

28. Annuitant Indicator

29. Pay Rate Determin.

30. Retirement Plan

31. Service Comp. Date (Leave)

32. Work Schedule

33. Part-Time Hours Per

Biweekly

Pay Period

POSITION DATA

34. Position Occupied

1 - Competitive Service

3 - SES General

4 - SES Career Reserved

35. FLSA Category

E - Exempt

N - Nonexempt

36. Appropriation Code

37. Bargaining Unit Stat

38. Duty Station Code

39. Duty Station (City - County - State or Overseas Location)

40. AGENCY DATA

41.

42.

43.

44.

45. Remarks

X

VOLUNTEER IS EXPECTED TO SERVE: (LIST DAYS AND HOURS PER WEEK)

UNDER 16 U.S.C. 742F, VOLUNTEER IS NOT A FEDERAL EMPLOYEE FOR ANY PURPOSES OTHER THAN INJURY COMPENSATION AND LAWS RELATED TO THE TORT CLAIMS ACT. SERVICE IS NOT CREDITABLE FOR LEAVE OR ANY OTHER EMPLOYEE BENEFITS.

46. Employing Department or Agency

U.S. DEPARTMENT OF COMMERCE

50. Signature/Authentication and Title of Approving Official

47. Agency Code

CM54

48. Personnel Office ID

1531

49. Approval Date

U.S. DEPARTMENT OF COMMERCE
WASHINGTON D.C.

WAIVER OF COMPENSATION

I, the undersigned, having made an offer off my services to the Government of the United States as _____

on a voluntary basis and without compensation therefor, and in consideration of the acceptance of said offer, do hereby for myself, my heirs, and assignees forever discharge and release the Government of the United States, from any claims, suits, or demands which I or my heirs or assignees may, can, or shall have in connection with compensation for any volunteer services for the Government of the United States.

(Signature of Volunteer)

(Signature of Witness)

(Date)

STUDENT VOLUNTEER SERVICE AGREEMENT

Student's Name: _____

School/Academic Institution: _____

School/Academic Institution Address: _____

DOC Facility Location: _____

Description of Duties to be Performed: _____

It is certified and/or agreed that all references apply to the student/school/DOC facility named above:

- 1) The student is attending school on at least a half-time basis or is registered to attend said school within the next five months on at least a half-time basis;
- 2) This work experience with DOC is to be uncompensated;
- 3) Work performed by the student will not be used to substitute for any work normally performed by a regularly assigned federal employee;
- 4) The student is 16 years of age or older and his/her participation is in conformation with federal, state, and local laws and standards regarding the employment of minors;
- 5) Students are not considered to be federal employees for any purpose other than:
 - A) Federal Tort Claims Provisions (28 U.S.C. 2671 through 2680)
 - B) Title 5 U.S.C., Chapter 81, relative to compensation for injuries sustained during the performance of work assignments;
- 6) The selection of students complies with the Government's responsibility to promote equal employment opportunity;
- 7) An authorized representative of the school will be allowed access to the DOC facility during reasonable hours for monitoring of the worksite and counseling or advising the student;
- 8) The DOC facility will keep accurate records of student's time and furnish this information to the school as requested;
- 9) Upon request, the DOC facility will prepare periodic reports/evaluations on the student; and
- 10) The DOC facility will notify the school of all terminations (voluntary or involuntary).

APPROVALS

1) EDUCATION INSTITUTION. I have read this entire agreement. I certify that the student is in good standing at this institution and is enrolled for not less than half-time. My signature constitutes approval of this agreement and permission of the institution for the student to participate

(Signature of Representative of Educational Institution) (Date)

Typed name and title of academic representative, and the name of institution: _____

2) DOC OFFICIAL. I have read and accept the responsibilities of this agreement.

(Signature/Title) (Date)

3) Volunteer Student (and guardian, if under age 18)

(Signature(s)) (Date)

4) Approved by _____
(Signature of DOC Personnel Officer's Delegation) (Date)